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CÆSAREAN SECTION VS. EMBRYOTOMY.

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To bring before the medical profession a question so threadbare, so much discussed, and concerning which there is such a diversity of opinion, may be presumptuous, especially when that question has vexed the minds of the most distinguished obstetricians of this and other ages, reaching as far back as the history of midwifery itself. The observations of the great masters of obstetrical study in its beginning, have given us views regarding the treatment of certain abnormal conditions occurring in parturition, where either the life of the mother is at stake, the life of her unborn babe, or both. We cannot shut our eyes to the fact that these lessons are by no means of trivial importance, and when learned aright may serve to guide us in our search after truth, the foundation upon which is based all knowledge worth the knowing. Unfortunately, we are, for the most part, creatures of circumstance, and, as in religion, so in scientific research are we moulded after a certain fashion, according to the model of our prototype. Just as one man blind to the horror of killing an unborn babe, or putting out life in the earlier stages of development of the human embryo, thinks it a great crime to be absent from church on the Sabbath-day, another, *per contra*, who perchance looks at religion as a chimera of the imagination, deems it criminal under any circumstance to close a life already begun. But we shall never reach a unanimity of opinion until these personal factors are eliminated, and, with the aim of saving life and relieving suffering, we view the established facts in the colorless light of science.

In endeavoring to do this we naturally turn first to statistics.

It would be a truism to state that, since the advent of Listerism, the statistics of abdominal surgery have been revolutionized to such an extent that pre-antiseptic data, if used at all, must be used with great caution. It will not be out of place, however, to look for a moment at the older figures, when the mortality of both operations was much greater than at present, and note the opinions of a few older writers.

Churchill has collected the greatest number of cases, and his tables have been regarded as the most reliable. He gives the maternal mortality of craniotomy as 1 in 5, and of Cæsarean section as 1 in 2⅓.

Bedford, commenting upon these figures, says: "You should note the important fact that these tables give only the immediate deaths in the proportion of 1 to 5 of the women who have been subjected to the hazards of craniotomy; not one word is said of the dreadful lacerations and destruction of the soft parts, sometimes terminating fatally, involving too frequently the unhappy sufferer in distress and anguish which would cause her to invoke death as a blessing.(1)

As far back as 1835 to 1839, Halmagrand reported 15 cases of Cæsarean section, done early, with 12 mothers and 13 children saved.

Klein gives 116 cases, of which 90 were successful.(2)

Dr. John Hall 112 cases with 90 successes.(3)

Mr. Simon, in 1749, reported to the Academy of Surgery 64 successful cases, more than half of which had been performed on the same thirteen women, some of which were operated on two, three, four, five, six, and even seven times.

With these facts in view see how different are the opinions expressed:

Dr. Osborn(4) says: "The valuable life of the mother should never be exposed to *absolute destruction* by the Cæsarean operation for the certain safety of the child."

Mauriceau(5) writes: "The Cæsarean section should never be performed on the living woman; it is an inhuman, barbarous and cruel operation."

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1 Principles and Practice of Obstetrics, p. 630.

2 Loder's Journal, vol. ii, p. 759.

3 Observations on Cæsarean Section, Manchester, 1798, p. 292.

4 Essays on the Practice of Midwifery, p. 225.

Traité des Maladies des Femmes Grasses, vol. i, p. 352.

Baudelocque(1) holds: "To *mutilate* a *living child* in order to avoid the Cæsarean section, is the offspring of ignorance and inhumanity; nothing can excuse the practitioner who will have recourse to the perforator or crotchet, without *first being certain the child is dead.*"

Gordien(2) says: "It is with good reason that prudent accoucheurs, *in view of the fatal results of embryotomy, prefer the Cæsarean operation.*"

Weidmann(3) recommends the Cæsarean section in every case of pelvic deformity in which a living child cannot be delivered by other means.

England's greatest obstetrician, Smellie,(4) speaks thus: "When a woman cannot be delivered by any of the methods recommended in preternatural labors on account of narrowness or distortion of the pelvis, etc.; in such emergencies, if the woman is strong and of good habit, the Cæsarean operation is certainly advisable and ought to be performed."

Many more authorities might be quoted, advocating either side of the question, but I have given enough to show the great discrepancy existing, and the language of these quotations shows for itself that they are rather passionate utterances than calm conclusions.

Bedford was one of the earliest writers who attempted to reach a just and unbiased conclusion on this subject. Many of his arguments are forcible and in favor of the Cæsarean section, and after viewing the probable number of lives saved in a given number of cases, taking Churchill's figures, he(5) says: "In my translation of Chailly's Midwifery (1844), I emphatically expressed my views upon the question of craniotomy in the following unequivocal language: 'In truth, it needs some nerve, and for a man of high moral feeeling, much evidence of the necessity of the operation, before he can bring himself to the perpetration of an act which requires for his own peace of mind the fullest justification. He who would wantonly thrust an instrument of death into the brain of a living fetus would not scruple under the mantle of

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1 L'art d'accouchement, p. 103.

2 Traité complete d'accouchements, p. 103.

3 Comparatio inter sect. Cæsar. et dissectionem, cartilag, et ligament pelv. in partu ab pelv. august impossib.

4 Midwifery, vol. i, p. 239.

5 Principles and Practice of Obstetrics, p. 635.

night to use the stiletto of the assassin, and yet how frequently has the child been recklessly torn piecemeal from its mother's womb, and its fragments held up to the contemplation of the astonished and ignorant spectators as testimony undoubted of the operator's skill. Oh! could the grave speak, how eloquent, how damning to the character of those who speculate in human life, would be its revelations!' Such, gentlemen, was my language in 1844; and now in 1861, with a more matured judgment and a riper experience, I am, if possible, more strengthened in my conviction. Therefore, in the fullness of my faith I have no hesitation in saying that, if the *child be alive*, the woman at the completion of her pregnancy, and it be made manifest that the maternal passages are so contracted as to render it physically impossible that a living child can be extracted per via naturales, I should between the two resources—craniotomy and the Cæsarean section—not hesitate to decide in favor of the latter."

And when we look at the number of lives saved in 100 cases of Cæsarean section as compared with 100 cases of craniotomy, even with the older statistics of Churchill as a basis for our figures, 128 saved in 100 Cæsarean operations and only 80 in 100 craniotomies, with a large number of the 80 crippled for life, surely we must admit that Bedford has good reasons for his conclusions.

But if there was reason for preferring the Cæsarean operation in pre-antiseptic times, how much greater reason is there now for giving it the preference when the mortality has been reduced to 8 or 10 per cent., and these are the figures that Lusk gives for the Sänger operation in favorable cases.(1) And in the same article he says: "On general principles it can be affirmed that if the anterior conjugate is two and one-half inches or less craniotomy entails as much risk as Cæsarean section, unless the transverse diameter is favorable. With pelves varying from two and one-third to three and one-third there is still great difference of opinion as to the proper course to adopt." And well there may be if we leave the lives of the children entirely out of sight.

The statistics of the first 100 cases of Sänger's operation, fifty in Europe and fifty in America, are given by Dr. Robt. P. Harris, of Philadelpia,(2) as follows:

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1 N. Y. Med. Jour., Dec. 22, 1888.

2 Annals of Universal Med. Sciences, 1888, p. 215.

UNITED STATES.

Women saved . . .	35	31 operations.
Children extracted alive .	46	
Women lost . . .	15	
Children extracted dead . .	4	

CONTINENT OF EUROPE.

Women saved . . .	40	31 operations.
Children extracted alive .	48	
Children extracted dead .	2	
Women lost	10	

Here we have 75 women and 94 children saved, a total of 169 lives, whereas, if craniotomy had been resorted to, the result would have probably been 90 women saved, possibly 95, and one-third of these rendered miserable for life or forced to undergo subsequent operations of a more or less serious character for the repair of damage done. When we see daily hundreds of women coming to gynecologists with frightful lacerations following the simple use of forceps in normal pelves, how can we avoid the conclusion that nearly half the women subjected to the operation of craniotomy, cephalotripsy, or embryotomy by men no more skilful, *must* be seriously injured, many of them beyond repair.

The most favorable statistics, I think, that have ever been given for craniotomy, even in a limited number of cases, is 3 per cent. in 100 cases reported by Gottschalk.(1) Credé gives a much higher mortality, and it is altogether improbable that the average mortality (maternal) has ever been less than 10 per cent. or will ever be less than 7.1 per cent., which is the maternal mortality given by Credé(2) for Cæsarean section done by skillful operators.

It has been justly objected that we should not place the uncertain life of the child on a par with the valuable life of the mother, but no thinking man can refuse to give some value to the life of the unborn child. Just how great this relative value is to be, is a point difficult to decide; but as at least one-third of all children born reach maturity, including those reared in cities under most unfavorable circumstances, we will certainly do injustice to the children if we give their lives less than one-third the value we attach to the life of the mother. And when we find the results of

1 Annals of Universal Med. Science, p. 218.

2 Op. cit., p. 218.

craniotomy and Cæsarean section so nearly balanced, when we consider the welfare of the mother alone, *surely* a relative valuation of one-third or even one-tenth to the lives of the children must turn the scale in favor of the Cæsarean operation and make it the operation of election where it is possible to be done with hope of success.

When this result—this conclusion—is reached by the mass of medical men—and that time is surely coming—we shall begin to get better results for the following reasons:

1st. The necessity of the operation being recognized, it will oftener be done at the proper time—before rude efforts have been made to deliver in other ways. Proper preparations will be made and skilful operators procured.

2d. The operation, though much improved of late, so much as to render it, even in its present state, preferable to craniotomy, is still not perfect, and I have no doubt that the dangers will yet be greatly lessened.

The greatest obstacle to the operation, or what seems to be so considered by some, is the indisputable fact that the surgeon is not called in many cases until labor has progressed some time, often not until the woman is almost in extremis. Under such circumstances it has been said that Cæsarean section is out of the question. But is this so? With an exhausted and feeble woman is not the danger of craniotomy increased as much, if not more, than that of the cutting operation? Under the influence of ether cannot a comparatively rapid cutting operation be done with less shock than a tedious dragging of a mutilated fetus through a contracted pelvis—an operation intrinsically nearly or quite as dangerous, and it seems to me not to be thought of with a moribund woman. Again, if we give the mother's life the greater value because that of the fetus is uncertain, should we not reverse the rule when the mother's life has become greatly jeopardized and give the child a chance when its life has become a more valuable factor than the mother's, through a sinking of her valuation?

I leave these questions for each to answer for himself, believing that when they are looked at in an unbiassed way but one conclusion can be reached.

In an experience of seventeen years spent in hospital and private practice, I have never had but one case of dystocia on part of the mother which called for interference, and in which instance, on account of a narrow conjugate, I performed craniotomy on a

dead child owing to protracted labor. If I could go back now with the light that has been given me since, I have no doubt that the mother and child could have been saved. The mother, after weeks of suffering, fortunately recovered, owing to her rugged constitution, and not to any particular skill on part of the operator.

Mr. Lawson Tait,[1] amongst the foremost of living operators in abdominal surgery, reports a second series of 1000 consecutive cases of abdominal section showing a diminution of the mortality from nine and two-tenths in the first series to five and three-tenths in the second. He predicts that "This operation will revolutionize the obstetric art, and that in two years we shall hear no more of craniotomy (save for hydrocephalus) and evisceration, for this new method will save more lives than these proceedings do, and is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it."

What we want is to have the Cæsarean operation established in its proper place—the medical profession agreed as to it utility, and we shall have, I firmly believe, not only hundreds of children saved, but more mothers than at the present day, and certainly much misery prevented, such as now so frequently follows the various operations of embryotomy. Let this horrible butchery of infants and mutilation of women cease, and let us endeavor to save life and suffering, which is the true aim of our noble profession, and let us above all remember "Thou shalt not kill!"

In the preparation of this paper I beg to acknowledge my indebtedness to Drs. Carr and Moran, of the Hospital Staff.

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1 International Journal of Surgery, vol. ii, p. 69. March, 1889.

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